

WAKEMED		WAKE		36. PA		4 TYPE	
3000 NEW BERN AVE		PO F		2010061700844		0111	
RALEIGH		NC 2761000000		CHAI		71 B N	
9193500232				566017737		053010 060410	
B PATIENT NAME		B PATIENT ADDRESS		WAKE CORR CENTER			
		RALEIGH		NC		27610	
10 BIRTHDATE		11 SEX		12 DATE		13 AGE	
053010		22		1		7	
11		053010					
WAKE CORR CENTER		RALEIGH, NC 27610					
42 REV. CO.		43 DESCRIPTION		44 HCPCS / RATE/PPS CODE		45 SERV. DATE	
210		CORONARY CARE OR (CCU)		730.00		2	
214		CCU/INTERMEDIATE		730.00		3	
233		NUR INCR/ICU				3	
234		NUR INCR/CCU				2	
250		PHARMACY				34	
258		IV SOLUTIONS				2	
270		MED-SUR SUPPLIES				26	
272		STERILE SUPPLY				14	
278		SUPPLY/IMPLANTS				3	
300		LABORATORY				5	
301		LAB/CHEMISTRY				52	
305		LAB/HEMATOLOGY				7	
306		LAB/BACT-MICRO				2	
307		LAB/UROLOGY				1	
323		DX X-RAY/ARTER				1	
324		DX X-RAY/CHEST				2	
351		CT SCAN/HEAD				1	
410		RESPIRATORY SVC				1	
450		EMERG ROOM				1	
480		CARDIOLOGY				2	
481		CARDIAC CATH LAB				6	
730		EKG/ECG				2	
001		PAGE 1 OF 1		CREATION DATE		060910 TOTALS	
50 PAYER NAME		51 HEALTH PLAN ID		52 PRIOR PAYMENTS		53 EST. AMOUNT DUE	
DOC G05 CI				Y Y		1972579837	
58 INSURED'S NAME		59 INSURED'S UNIQUE ID		60 GROUP NAME		61 INSURANCE GROUP NO.	
		18				99999	
62 TREATMENT AUTHORIZATION CODES		63 DOCUMENT CONTROL NUMBER		64 EMPLOYER NAME			
000858910				INMATE			
65 ADULT		66 ADULT		67 ADULT		68 ADULT	
41401		41091		N2535		4280	
94019		429570		47862		N78039	
178650		170 PATIENT		170 PATIENT		170 PATIENT	
73		74		75		76	
0066		053010		3607		053010	
8856		053010		8853		053010	
80 REMARKS		MEDICAL CLAIMS		B3282N00000X			
4220 MAIL SERV CTR		RALEIGH NC		276994220			
UB-04 CMS-1450		APPROVED OMB 0938-0997		N00C L09213257		FormFast, INC	